Date request submitted: _______________________

Candidate: ________________________________ Thesis Supervisor(s): ___________________ 

_________________________________________________________________________________

Thesis Supervisor is responsible for choosing and confirming the following minimum required members. Please include any additional committee members on this form.

1. One additional OCICS member from the School: _____________________________________

2. One OCICS member from SITE:  _________________________________________________
   Name_________________________email address________________________

3. Chair of defence: ______________________ __________________________________________

Indicate the fields being tested and by which members:  
1. Major:______________________________________
2. Minor:______________________________________
   (usually one major & two minors) 3. Minor:______________________________________

I WRITTEN COMPREHENSIVE. Questions should be approved by the Thesis Supervisor and given to the Graduate Administrator at least two weeks before the written exams. Instructions should be clear as to time allowed per set of questions, whether an open book is permitted, etc. At least one committee member should be available to respond to any questions by the student. 
Please indicate when written exams should be scheduled for:

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<th>Examiner</th>
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II ORAL COMPREHENSIVE (usually held within a week of the written examinations) Scheduled for:

The Thesis Supervisor is responsible for confirming that all members are available for this date/time. This information must be provided at least 3 weeks before the proposed date.

Specific date _________________________ Time __________________Room _________

Booked:________